

DOI: 10.5455/2320-1770.ijrcog20141236

Research Article

Determinants of resumption of vaginal intercourse in puerperium period in Ogbomoso: consideration for early use of contraceptives

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Received: 20 October 2014

Accepted: 1 November 2014

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ABSTRACT

Background: Early postpartum period for mothers is characterized with high demand for neonatal care, adjusting to sudden withdrawal of hormones of pregnancy and dealing with sexual desires of the husband. The study aimed at determines the timing, factors influencing postpartum resumption of vaginal intercourse and the contraceptive usage.

Methods: Women in puerperium were interviewed with structured questionnaire on their socio-demographic status, obstetric history, sexual activities, contraception usage and reason for sexual abstinence.

Results: About 40% (143) of participants had resumed vaginal intercourse within puerperium with mean resumption period of 3.2 ± 1.8 weeks. Only 12% (48) of them used modern contraceptive. Educational status ($P < 0.001$); occupation ($P < 0.001$); educational status of the husband ($P < 0.001$); occupation of the husband ($P < 0.001$); parity ($P < 0.05$); husband's income ($P < 0.05$) and use of modern contraception ($P < 0.001$) showed significant statistical difference between the women who had resumed vaginal sexual intercourse and those who have not. Logistic regression showed that educational status of the participants (OR = 0.48, CI = 0.246-0.938; $P = 0.032$) and parity (OR = 0.34, CI = 0.196-0.591; $P = 0.001$) were the most significant factors associated with early resumption of vaginal intercourse. One hundred and eighty-five (72%) of women who were yet to resume coitus, did so because of fear of pregnancy.

Conclusions: Significant number of women resumed vaginal intercourse during the puerperium despite low contraception usage. There is need to initiate a contraception method before discharge home following delivery.

Keywords: Vaginal intercourse, Puerperium, Contraceptive uses

INTRODUCTION

The process of childbirth is a traumatic event and the early postpartum period is a trying period with increased demands on the woman who is recovering from the processes of childbirth. These include adjusting to the role of a mother with breast feeding and other aspects of neonatal care, adapting to the sudden withdrawal of hormones and dealing with sexual needs of the husband.

Several studies estimate that the average time to resumption of intercourse ranged from 5 to 8 weeks after delivery.¹⁻⁵ Many doctors recommend waiting four to six

weeks before resuming sex, to allow the cervix to close, lochia to stop, and tears to heal.⁶ In a recently conducted study in Australia, 41% of the women attempted vaginal intercourse by the time they were 6 weeks postpartum, 65% by 8 weeks postpartum, and 78% by 12 weeks postpartum. By the time they had reached 6 months postpartum, 94% of mothers had attempted vaginal sex. However, sexual activities like kissing, cuddling, oral sex and coitus inter-femoris were resumed sooner than vaginal sex.⁷ A study of women in Turkey found that 42% resumed sexual intercourse within six weeks of giving birth.⁸ American and British studies found that at six weeks, 57% of women had resumed sexual

intercourse,⁹ 82-85% had resumed by three months,^{10,11} and 89-90% had by six months.^{11,12} Sexual intercourse was resumed by two-thirds of Ugandan women within six months of childbirth¹³ and among Chinese women 52% had resumed vaginal sex by two months and 95% by six months¹².

Literatures on factors influencing resumption of sexual activity in the postpartum period are inconsistent.^{12,14,15} Cultural beliefs and practices, with associated obstetric outcome of pregnancy have been most common factors influencing time of sexual resumption. The Igbo and Yoruba ethnic group of South-eastern and South-western Nigeria respectively, likewise Uganda in East Africa have a traditional puerperal practice during which the mother is exonerated from her usual duties so she can breast-feed the new baby on demand. This practice also discourages and forbids her from having a sexual relationship with her husband until weaning is complete.¹⁶ The main beliefs behind this is that "the man's semen would find its way into the breast of the mother and contaminate the milk that the child is suckling and hence harm its health". With attainment of high level of education among our women and empowerment, this trade-cultural practice is no more observed by the women. What we see now is early resumption of sexual activity with low contraceptive usage. Critical review of the traditional long abstinence practice was said to be due to pursuit of getting appropriate family planning.¹⁷

In term of obstetric factors, older mothers were found to be less likely to engage in vaginal intercourse at the 6 week postpartum mark, 40% of mothers between 30 and 34 years compared to 63% of mothers between the ages of 18 and 24. Additionally, mothers that had episiotomies or sutured tears, caesarean sections, and births assisted with forceps were more likely to wait longer than those that had non-complicated vaginal births.^{5,10,11,18-20}

The aim of this study is to determine the timing, factors influencing postpartum resumption of vaginal intercourse and the unmet contraceptive needs of women in their puerperium.

METHODS

This descriptive cross-sectional study was carried out among parous women who attended either postnatal or child welfare clinic of any of the two teaching hospitals [Ladoke Akintola University of Technology Teaching Hospital (LTH) and Bowen University Teaching Hospital (BUTH)], Ogbomoso in South-western Nigeria. The two teaching hospitals are located in Ogbomoso; LTH is state government owned, while BUTH is a missionary hospital attached to the Bowen University. The study period was between 1st June to 30th November, 2013. Parturients are usually giving 6 weeks appointment after delivery for postnatal check-up. The timing may be varied, depending on the indication. Occasionally, some women do not keep to their appointed postnatal dates. Such women are seen

in later date (within the puerperium), especially when they present their babies for immunization and welfare clinic. Sample size was calculated based on 30% prevalence of resumption of sexual intercourse at postnatal period.²¹ A total sample size of 324 was calculated with assumption of 83% response rate and this was rounded-up to nearest hundred given a value of 400. This study received approval from the ethics and research committee of LTH Ogbomoso.

The research instrument is a structured interviewer-administered questionnaire. The questionnaire was pre-tested at the general hospital, Ogbomoso, a secondary health institution. The pre-tested questionnaires were analyzed and necessary modifications were made before final administration to respondents. The respondents were consented women who just delivered within 6 weeks who came for postnatal care or brought their child/children for immunization. Non-consenting women were excluded from the study.

The respondents were approached after their clinic consultation and their consent was obtained. The questionnaire was administered by 3 female research assistants, who are not directly involved with the study. The interview was done for each participant in a private room to ensure total confidentiality. The questionnaire was divided into 3 sections. The first section seek information about the demographic status of the participants, while the second section dealt with obstetrics history - parity, mode of last delivery, episiotomy/perineal injury, breastfeeding practice and puerperal complications and the last section sought information about resumption of sexual activity especially vaginal intercourse, knowledge about contraceptive and usage.

The questionnaires were checked for errors after which the data were entered into the computer and then analysed using the Statistical Package for Social Science (SPSS) Version 16.0. Descriptive statistics was used to for the socio-demographic status, parity and various sexual activities of the respondents. Chi-square (χ^2) was used to assess relationship between categorical variables. Logistic regression was used to establish relation between socio-demographic status and resumption of vaginal intercourse. The level of significance was set at $P < 0.05$ (at 95% confidence interval).

RESULTS

The majority of the women 172 (43%) were in age group 25-29 years. The youngest participant was 20 years while the oldest was 44 years with mean age of 26.5 ± 2.4 years. Most women 246 (61.5%) were Christians, almost 75% (296) were of Yoruba tribe, over half had completed secondary school education and almost all, 370 (92.5%) were married. Details of socio-demographic characteristics are as illustrated in Table 1.

Table 1: Socio-demographic character of participants.

Character	Yet to resume vaginal intercourse n=257 (%)	Resumption of Vaginal intercourse n=143 (%)	Total = 400 N (%)
Age group (years)			
20-24	60 (60.0)	40 (40.0)	100 (100.0)
25-29	111 (64.5)	61 (35.5)	172 (100.0)
30-34	54 (65.9)	28 (34.1)	82 (100.0)
35-39	20 (62.5)	12 (37.5)	32 (100.0)
≥40	12 (85.7)	2 (14.3)	14 (100.0)
$\chi^2 = 3.74$, df = 4; P = 0.443			
Tribe			
Yoruba	191 (64.5)	105 (35.5)	296 (100.0)
Igbo	54 (69.2)	24 (30.8)	78 (100.0)
Hausa/Fulani	6 (37.5)	10 (62.5)	16 (100.0)
Others	6 (60)	4 (40)	10 (100.0)
$\chi^2 = 5.92$, df = 3; P = 0.116			
Religion			
Christian	152 (61.8)	94 (38.2)	246 (100.0)
Muslim	105 (68.2)	49 (31.8)	154 (100.0)
$\chi^2 = 1.685$, df = 1; P = 0.194			
Educational status			
Primary/Arabic	34 (50)	34 (50)	68 (100.0)
Secondary	123 (59.7)	83 (40.3)	206 (100.0)
Tertiary	94 (78.3)	26 (21.7)	120 (100.0)
Additional qualification	6 (100.0)	0	6 (100.0)
$\chi^2 = 21.56$, df = 3; P <0.001*			
Occupation[^]			
Unskilled	12 (35.3)	22 (64.7)	34 (100.0)
Semi-skilled	143 (61.6)	89 (38.4)	232 (100.0)
Skilled	102 (76.1)	32 (23.9)	134 (100.0)
$\chi^2 = 21.32$, df = 2; P <0.001*			

*Significant at 5% level of significance

[^]Skilled workers: teachers, lawyers, journalists, accountants, secretary. Semi-skilled workers: tailors, hairdressers, caterers, typists, traders. Unskilled: cleaners, farmers, hospital maids, labourers.

χ^2 = Chi square, df = degree of freedom; P = P value.

Most women 232 (58%) were multiparous (para 2-4). The mode of last delivery was spontaneous vaginal delivery in 372 (93%) of cases. Only 10 (2.5%) of women had either episiotomy or perineal tear. Almost all participants 390 (97.5%) were practicing exclusive breastfeeding.

Various sexual activities were resumed by the participants within 6 weeks of delivery; kissing in 200 (50%), cuddling in 56 (14%), oral sex in 1 (0.2%) and vaginal sex in 143 (35.8%). Among women who had resumed vaginal sexual intercourse, 22 (15.4%) had

resumed within 2 weeks of delivery, 62 (43.4%) and 59 (41.2%) had resumed vaginal intercourse between 3rd-4th and 5th-6th weeks respectively after delivery. Only 48 (12%) of sexually active participants used modern contraceptive, despite high awareness 274 (68.5%). Less than half 22 (45.8%) of women using contraceptives relied on male condoms, 18 (37.5%) on injectables, 6 (12.5%) on implants and 2 (4.2%) on mini-pills. Figure 1 shows the time participants planned to start contraceptives while 86 (21.5%) of them were yet to make-up their mind on contraceptive usage.



Figure 1: Intending period to start contraceptive usage.

In univariate analysis, educational status ($\chi^2 = 21.56$ df = 3 P <0.001); occupation ($\chi^2 = 21.32$ df = 2 P <0.001); educational status of the husband ($\chi^2 = 28.43$ df = 3 P <0.001); occupation of the husband ($\chi^2 = 13.83$ df = 2 P <0.001); parity ($\chi^2 = 9.37$ df = 2 P <0.05); husband's income ($\chi^2 = 10.58$ df = 3 P <0.05) and use of modern contraception ($\chi^2 = 21.13$ df = 3 P <0.001) showed significant statistical difference between the women who had resumed vaginal sexual intercourse and those who have not. Age group, tribe, religion, mode of delivery, episiotomy/perineal repair and practice of exclusive breastfeeding showed no statistical significant difference.

Logistic regression done for all variables showed statistical significance for early resumption of vaginal intercourse with educational status of the participants (OR = 0.48, CI = 0.246-0.938; P = 0.032) and parity (OR = 0.34, CI = 0.196-0.591; P = 0.001) (Table 2).

Among 257 women who had not resumed vaginal intercourse, almost three-quarter 185 (72%) of them did not want to be pregnant despite the pressure from their spouses, 26 (10.1%) abstained due to fear of pain at episiotomy/perineal site and remaining 46 (17.9%) was due to non-availability of their husbands.

Table 2: Logistic regression analysis.

	B	S.E.	Wald	df	P value	Odd ratio	95% CI for odd ratio	
							Lower	Upper
Educational status	-0.733	0.342	4.608	1	0.032*	0.480	0.246	0.938
Occupation	-0.271	0.352	0.593	1	0.441	0.762	0.382	1.520
Husband educational status	-0.830	0.542	2.341	1	0.126	0.436	0.151	1.262
Husband occupation	0.076	0.529	0.020	1	0.887	1.078	0.382	3.044
Parity	-1.078	0.282	14.617	1	0.001*	0.340	0.196	.591
Timing resumption of intercourse	-0.051	0.075	0.448	1	0.503	0.951	0.820	1.102
Constant	5.113	1.004	25.915	1	0.000	166.226		

*Significant at 5% level of significance

DISCUSSION

This study revealed that all respondents have resumed various sexual activities within the puerperium, though only 35.8% have resumed vaginal intercourse. This value was higher than 29.7% of patients who had resumed vaginal sexual intercourse in the puerperium, as obtained by Ezebialu in Enugu, South-eastern Nigeria.²¹ However, this value was lower than result obtained from developed worlds, Geckil et al. found in Turkey that 42% of women resumed sexual intercourse within six weeks of giving birth,¹⁴ while Grudzinskas and Atkinson found 50.6% women had resumed vaginal intercourse within 6 weeks of delivery. Dixon et al. showed that 57% of their study population have resumed vaginal intercourse within puerperium.^{15,22} Again, in terms of specific time of resumption of vaginal intercourse, 21% of women had initiated vaginal sexual intercourse within 4 weeks of delivery, which is a higher prevalence when compared with the 7% figure reported by Pastore et al. among American women.²³

Amongst factors influencing resumption of vaginal intercourse within puerperium, this study showed that significant number of young primiparous women had resumed intercourse earlier than the older multiparous women. This finding is similar to what was obtained by Van Brummel et al, that older mothers were found to be less likely to engage in vaginal intercourse at the 6 weeks postpartum, 40% of mothers between 30 and 34 years compared to 63% of mothers between the ages of 18 and 24.¹⁹ Other factors found that favoured early resumption of intercourse were educational status, husband educational status and highly skilled occupational status. Most of the studied population had tertiary level of education; they earned well above average income (above \$1.25 per day) of the population and were knowledgeable of reproductive biology, and also have access to contraceptive commodities. Previous studies found association between mode of delivery, episiotomy/perineal tear and exclusive breastfeeding with the resumption of intercourse,^{5,10,11,18-20} however our findings did not show this association, possibly because of low number of participants with caesarean delivery,

low episiotomy rate (practice of restrictive episiotomy) and almost all of them practising exclusive breastfeeding.

This study also revealed that contraceptive awareness is high among the respondents with over 68% of them aware of at least one modern contraceptive method. This is similar to the findings of the 2013 national demography health survey in which 85% of Nigerian women were reported to be aware of a modern contraception. Of the women who had resumed vaginal intercourse during puerperium, only 12% of them were using contraception, this was not different from overall National prevalence of contraception of 16 per cent. Male condom and injectables were the main contraceptives methods used by the respondents which is not quite different from National data which reported injectables as the commonest contraceptive used by Nigerian women.²⁴ Male condom being one of highest contraceptives use by the respondent showed that their husbands' were supportive, possible reason may be their high level of education and understanding of female reproductive process. This finding is supported by the fact that any successful contraceptive usage requires full support of spouses.

The finding of this study also suggested that most women were desirous of contraceptive usage, as more than 70% of respondents prolonged sexual abstinence on account that they did not want to be pregnant despite much pressure from their spouses. This supports the findings of previous studies in the Eastern part of the country where over two-third of women prolonged resumption of sexual intercourse in order to space their child births and 80% of them believed the ideal time for resumption of intercourse was after 3 months post-delivery.^{17,21} Also a Malawi study showed that resumption of intercourse depends on marital status and contraceptive usage.²⁵ However, in Sweden and USA significant factor responsible for delay of resumption of vaginal intercourse was perineal tear and dyspareunia respectively.^{26,27}

To further buttress the need for early recourse of use of contraception in puerperium, about third of respondents (Figure 1) want to start contraceptive usage as early as

4 weeks post-delivery and almost 60% of them would want to be on contraception by 3 months after delivery. This shows that our women really want contraception and actual want initiation as early as possible in the puerperium. Similar result was obtained in Uganda where almost half of their women resumed vaginal intercourse within the puerperium and majority of them demand for contraceptive use early in puerperium.¹³

The limitation of this study was the hesitancy of the participants to give correct information and limited ability to remember exact time or circumstance that surrounded the resumption of coital activity after delivery. However, this limitation was reduced to the minimal by conducting the interview using female research assistants, in a private consulting room, avoidance of any link to the identity of the participants. Again, to minimize the error of accuracy about information provided, the interview was conducted at first postnatal clinic at 6 weeks after delivery so that participants could remember the events and time at which resumption of vaginal intercourse occurred.

CONCLUSION

This study has revealed that significant number of women resumed vaginal intercourse during the puerperium. The educational status, occupation, spouse educational status, spouse's occupation, parity and using contraception significantly favoured early resumption of intercourse during the puerperium. This study also demonstrated low use of contraception and high unmet need for contraception as many of participants signified their willingness to take contraception within months of delivery.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the ethics and research committee of LTH Ogbomoso

REFERENCES

1. Falicov CJ. Sexual adjustment during first pregnancy and postpartum. *Am J Obstet Gynaecol.* 1973;117:991-1000.
2. Byrd JE, Hyde JS, DeLamater JD, Plant EA. Sexuality during pregnancy and the year postpartum. *J Fam Pract.* 1998;47:305-8.
3. Alder EM, Cook A, Davidson D, West C, Bancroft J. Hormones, mood and sexuality in lactating women. *Br J Psychiatry.* 1986;148:74-9.
4. Signorello LB, Harlow BL, Chekos AK, Repke JT. Postpartum sexual functioning and its relationship to perineal trauma: a retrospective cohort study of primiparous women. *Am J Obstet Gynaecol.* 2001;184(5):881-8.
5. Udry JR, Deang L. Determinants of coitus after childbirth. *J Biosoc Sci.* 1993;25:117-25.
6. Olsson Ann, Martina Lundqvist, Elisabeth Faxelid, Eva Nissen. Women's thoughts about sexual life after childbirth: focus group discussions with women after childbirth. *Scand J Car Sci.* 2005;19(4):381-7.
7. Dean N, Wilson D, Herbison P, Glazener C, Aung T, Macarthur C. Sexual function, delivery mode history, pelvic floor muscle exercises and incontinence: a cross-sectional study six years post-partum. *Aust N Z J Obstet Gynaecol.* 2008;48(3):302-11.
8. Geçkil E, Sahin T, Ege E. Traditional postpartum practices of women and infants and the factors influencing such practices in South Eastern Turkey. *Midwifery.* 2009;25(1):62-71.
9. Connolly AnnaMarie, John Thorp, Laurie Pabel. Effects of pregnancy and childbirth on postpartum sexual function: a longitudinal prospective study. *Int Urogynecol J.* 2005;16(4):263-7.
10. Rogers RG, Borders N, Leeman LM, Albers LL. Does spontaneous genital tract trauma impact postpartum sexual function? *J Midwifery Women's Health.* 2009;54(2):98-103.
11. Brubaker, L; Handa VL, Bradley CS, Connolly A, Moalli P, Brown MB, et al. Sexual function 6 months after first delivery. *Obstet Gynaecol* 2008;111(5):1040-4.
12. Wang Huan-ying, Xiao-yang Xu, Zhen-wei Yao, Qin Zhou. Impact of delivery types on women's postpartum sexual health. *Reprod Contracept.* 2003;14(4):237-42.
13. Odar E, Wandabwa J, Kiondo P. Sexual practices of women within six months of childbirth in Mulago hospital, Uganda. *Afr Health Sci.* 2003;3(3):117-23.
14. Glazener CM. Sexual function after childbirth: women's experiences, persistent morbidity and lack of professional recognition. *Br J Obstet Gynaecol.* 1997;104:330-5.
15. Grudzinskas JG, Atkinson L. Sexual function during the puerperium. *Arch Sex Behav.* 1984;13:85-91.
16. Obikeze DS. Indigenous postpartum maternal and child health care practices among the Igbo of Nigeria, 1997. Available at: <http://app.iss.nl/ikdm/ikdm/ikdm/5-2/contents.html>. Accessed August 1997.
17. Adinma JI. Sexual activity during and after pregnancy. *Adv Contracept.* 1996;12:53-61.
18. Williams A, Herron-Marx S, Carolyn H. The prevalence of enduring postnatal perineal morbidity and its relationship to perineal trauma. *Midwifery.* 2007;23(4):392-403.
19. Van Brummen HJ, Bruinse HW, Van de Pol G, Heintz AP, van der Vaart CH. Which factors determine the sexual function 1 year after childbirth? *BJOG.* 2006;113(8):914-8.
20. Otero M, Boulvain M, Bianchi-Demicheli F, Floris LA, Sangalli MR, Weil A, et al. Women's health 18 years after rupture of the anal sphincter during childbirth: II. Urinary incontinence, sexual function, and physical and mental health. *Am J Obstet Gynaecol.* 2006;194(5):1260-5.

21. Ezebialu IU, Eke AC. Resumption of vaginal intercourse in early postpartum period: determinants and considerations for child spacing in a Nigerian population. *J Obstet Gynaecol.* 2012;32:353-6.
22. Dixon M, Booth N, Powell R. Sex and relationships following childbirth: a first report from general practice of 131 couples. *Br J Gen Pract.* 2000;50(452):223-6.
23. Pastore L, Owens A, Raymond C. Postpartum sexuality concerns among first-time parents from one U.S. academic hospital. *J Sex Med.* 2007;4(1):115-23.
24. DSH Program. National demographic health survey of Nigeria (NDHS 2013), 2013. Available at: <https://dhsprogram.com>.
25. Makanani B, Kumwenda J, Kumwenda N, Chen S, Tsui A, Taha TE. Resumption of sexual activity and regular menses after childbirth among women infected with HIV in Malawi. *Int J Gynaecol Obstet.* 2010;108:26-30.
26. Rådestad I, Olsson A, Nissen E, Rubertsson C. Tears in the vagina, perineum, sphincter ani, and rectum and first sexual intercourse after childbirth: a nationwide follow-up. *Birth.* 2008;35:98-106.
27. Signorello LB, Harlow BL, Chekos AK, Repke JT. Postpartum sexual functioning and its relationship to perineal trauma: a retrospective cohort study of primiparous women. *Am J Obstet Gynaecol.* 2001;184:881-90.

DOI: 10.5455/2320-1770.ijrcog20141236

Cite this article as: Owonikoko KM, Adeoye AG, Tijani AM, Adeniji AO. Determinants of resumption of vaginal intercourse in puerperium period in Ogbomoso: consideration for early use of contraceptives. *Int J Reprod Contracept Obstet Gynecol* 2014;3:1061-6.